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	AM	ENDMENT ATTACHED	2-1-1961, 000	w	,
		IZONA STATE BO BUREAU OF VIT	OARD OF HEAL		
PLACE OF BIRTH		STANDARD CERTII	PICATE OF BIRTH	the Emphasized 14	D
unty Navajo			State		•
	t large		or Village		
	4.,		-		JR.
· · · · · · · · · · · · · · · · · · ·		(If birth occur	red in a hospital or instituti	St. on, give its NAME instead of	street and mi
Full name of child		Amed		If child is no supplemental	nt Ant primorium
Sex of Child   To be	answered ONLY	4. Twin, triplet or other.	6. Legitimate?	1	
	nt of plural	5. No., in order of birth		7. Date of birth 3 19 Month D	9 27 35 28 Yei
	FATHER		14.	MOTHER	1889 1889
ull name George A.Hall			Full maiden name Geneva Penrod		
Residence (Usual place of abode) Whiteriver If non-resident, give place and state.			15 Residence (Usual place of abode) Whiteriver If non-resident, give place and state.		
. Color or race White	11. Age at last bis	rthday(Years)	Whitei ive		day_45_0
Birthplace (city or place)	uta Uta	<b>h</b>	18. Birthplace (city or place) Show Low (State or country) Arizona		
3. Occupation U.S.I.D.Stockman Nature of industry			19. Occupation Nature of industry	Housewife	
Number of children of	h of child herein	) (b) Born alive bu	d now living 10	21. Were precautions to thalmin neonatorus	
rtified and including this		(c) Stillborn	BUVEIGIAN OR MINU	VIED+	
nereby certify that I at		FIGATE OF ATTENDING			e date above st
*When there was no attending physician or midwife, then the father, householder, c., should make this return. A stillborn			Born alive o <del>r stillborn.)</del>	Troudday	_
hild is one that neithows other evidence ( iven name added from	ther breathes nor of life after birth.	·	111-17-	(Physician or	midwife).
supplemental report	Month, day, year	Address	, o pureu	~~~~.U	wy
	Registrar	Filed	, 19 <i>Y</i>	Mrs. Harbert	Registra
era, e	•	0000	,		<u> </u>
	$\sigma$	9,2-219-	771		<b>1</b>

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